



APPLICATION FOR TEMPORARY PRACTICE AS A REAL ESTATE APPRAISER

FOR VALIDATION ONLY

Check one only:

☐ Certified General ☐ Certified Residential ☐ State Licensed

Fee \$150.00

Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Instructions

Please type or print clearly

Individuals currently licensed/certified in good standing in another state may obtain a Temporary Permit to practice real estate appraisal in the state of Washington by meeting the requirements set forth in RCW 18.140 and WAC 308-125.

A Temporary Permit is valid for no more than six months from date of issuance and is extendable.

ALL FEES ARE NONREFUNDABLE.

1. Complete and submit this application to the address above. **Make sure Consent to Service is notarized.**
2. Attach copy of the **Assignment Contract** which must:
 - a. be on letterhead
 - b. be dated and signed
 - c. include the subject address
 - d. describe the scope of the assignment
 - e. show the due date

Applicant Information

Please type or print clearly

APPLICANT'S NAME (Last, First, Middle)				DATE OF BIRTH	
MAILING ADDRESS					
CITY	STATE	ZIP	COUNTY		
BUSINESS NAME					
BUSINESS ADDRESS (Current Physical Place of Business is Required)					
CITY	STATE	ZIP	COUNTY		
TELEPHONE NO. (During Normal Business Hours)		SOCIAL SECURITY NO. (Required per RCW 23.26.150)		GENDER (M or F)	
Have you ever applied for licensure/certification as a real estate appraiser in Washington state?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently licensed in Washington state as a real estate salesperson, broker or associate broker, or escrow agent?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
IF YES, FULL NAME UNDER WHICH YOU ARE LICENSED (As it Appears on Your License)				LICENSE NO.	

Out of State Information *Indicate certification/licensure and status (active or inactive) from another state.*

STATE	MONTH/YEAR ISSUED	NUMBER	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	MONTH/YEAR EXPIRED
FULL NAME UNDER WHICH YOU ARE LICENSED (As it Appears on Your License)				

Please Read and Sign Page 2

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 753-1062 or TTY (360) 664-8885.

Applicant's Attestation

I, the undersigned, certify that I am the person referred to in the foregoing application for a temporary permit as a real estate appraiser in the state of Washington, that I have read and understand RCW 18.140 and WAC 308-125, and that the statements herein are true to the best of my knowledge and belief.

I hereby authorize all organizations, my references, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Department of Licensing any information, files, or records requested by the department in connection with the processing of this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. **Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my temporary permit to practice as a certified/licensed real estate appraiser in the state of Washington.**

Applicant's Signature X Date _____

Consent to Service - *must be notarized*

I, the undersigned, residing in the state of _____, have obtained or are about to obtain a license/certification from the State of Washington to engage or continue in the business of real estate appraising and hereby irrevocably consent that suits and actions may be commenced against me in any county of the State of Washington in which any party/plaintiff having cause of action against me may reside and that service of any process or pleading in said action or suit may be made by delivering same to the Director of the Department of Licensing of the State of Washington, at Olympia, Washington.

In witness hereof this _____ day of _____, _____

at _____

X

SIGNATURE

NAME TYPED OR PRINTED

State of _____

County of _____

Signed or attested before me on _____ by _____

X

SIGNATURE

NAME TYPED OR PRINTED

TITLE

EXPIRATION DATE OF APPOINTMENT

SEAL